

National Minority SA/HIV Prevention Initiative Cohort 7

INDIVIDUAL DOSAGE FORM

Instructions: For each program encounter with a participant on an individual (i.e. one-on-one) basis, enter the:

- a) **Encounter Date**
- b) **Grant ID**
- c) Five-digit **Participant ID Number**

For each service type received during the encounter being recorded, circle the appropriate **Individual Service Code** (the list of service codes are provided on the last page of this form). Record the amount of time in minutes the service type lasted (rounded up to the next 5-minute interval) in the corresponding **Duration Code** space. On this form, up to four services can be coded for each encounter date (this form has space for two encounter dates).

The Study Design Group Type (1=intervention group [pre-filled]), and the Administration Format (1=individual/one-on-one format [pre-filled]) boxes are only used in CSAP's record keeping procedures.

Encounter Date

Month			Day		Year		Grant ID					Grp.Type.	Adm. Frmt.	Participant ID #						
							S	P					1	1						
Individual Service Code															Duration Code					
#1	01	02	03	04	05		06	06a	07											
	08	09	10	11	12		13								(Round up to next 5-minute interval)					
#2	01	02	03	04	05		06	06a	07											
	08	09	10	11	12		13								(Round up to next 5-minute interval)					
#3	01	02	03	04	05		06	06a	07											
	08	09	10	11	12		13								(Round up to next 5-minute interval)					
#4	01	02	03	04	05		06	06a	07											
	08	09	10	11	12		13								(Round up to next 5-minute interval)					

Encounter Date

Month		Day		Year		Grant ID						Grp. Typ.	Adm. Frmt.	Participant ID #			
						S	P					1	1				
Individual Service Code												Duration Code					
#1	01	02	03	04	05		06	06a	07			(Round up to next 5-minute interval)					
	08	09	10	11	12		13										
#2	01	02	03	04	05		06	06a	07			(Round up to next 5-minute interval)					
	08	09	10	11	12		13										
#3	01	02	03	04	05		06	06a	07			(Round up to next 5-minute interval)					
	08	09	10	11	12		13										
#4	01	02	03	04	05		06	06a	07			(Round up to next 5-minute interval)					
	08	09	10	11	12		13										

INDIVIDUAL SERVICE CODES

<u>INDIVIDUAL SERVICES</u>			
<u>Code</u>	<u>Service</u>	<u>Code</u>	<u>Service</u>
01	Risk Reduction and/or Resiliency Strength Assessment	06	HIV Education
02	Risk Reduction Counseling/Education	06a	STD Education
03	HIV Testing Counseling	07	Hepatitis Education
04	Psycho-Social Counseling	08	Mentoring (Peer or Other Type)
05	Substance Abuse Education	09	Case Management Services
		10	Other Individual Services

<u>INDIVIDUAL HEALTH CARE SERVICES</u>	
<u>Code</u>	<u>Service</u>
11	HIV Testing
12	Primary Health Care Services
13	Other Health Care Services